



# CRS Parent Connection

Alabama Department of Rehabilitation Services

Volume 19, Number 1



Spring 2011

## Centers provide free medical equipment for families

Parents who need assistive technology for their child now have two more options to get the equipment.

Two new centers were recently opened in the device reutilization program. The reutilization is a component of STAR, Alabama's Assistive Technology Resource, itself a program of the Alabama Department of Rehabilitation Services (ADRS).

The centers provide free assistive technology and durable medical equipment.

One of the two news locations is in Dothan. Called the R.E.A.L. (refurbished equipment assisting lives) Project, it is the newest division of the Wiregrass Rehabilitation Center in Dothan. The program was created by Jon Lee, who sustained a spinal cord injury after a fall a few years ago. His friends raised money for medical equipment and soon created the Jon Lee Foundation to raise money to help others. The R.E.A.L. Project is the result of their efforts. Lee is the manager of the project.

The other center, called ReMEDy, was started by the Birmingham Baptist Association. Its center is located at Central Park Baptist Church in the Ensley area of Birmingham. Members of the Birmingham Baptist Association collaborate to provide pre-owned medical equipment to people in need.

The new centers make a total of six assistive technology centers in the STAR



*Jon Lee, in a wheelchair, manager of The R.E.A.L. Project in Dothan, sits in front of the newly opened Reuse Center, where families can get assistive technology and medical equipment for free. He is joined by his mom, sister, and niece.*

program. A list of the locations of all of the centers is below:

### **Anniston:**

*3-R Project, 256-236-0807*

### **Birmingham:**

*ReMEDy Project, 205-783-9170*

### **Dothan:**

*R.E.A.L. Project, 334-699-7727*

### **Huntsville:**

*Waste Not Program, 256-852-5600*

### **Mobile:**

*Mobile Reuse Center, 251-433-4900*

### **Montgomery:**

*CARE Project, 334-288-0240 ext. 245*

### **Reutilization Programs Background**

STAR, in partnership with Goodwill Easter Seals of the Gulf Coast, United Cerebral Palsy of Huntsville, the Opportunity

Center-Easter Seals in Anniston, Easter Seals Central Alabama in Montgomery, the Birmingham Baptist Association and the Wiregrass Rehabilitation Center administers community-based equipment reutilization programs that increase options for individuals with disabilities to acquire medical equipment and other assistive technology free of charge. Each reuse center receives donations of new and used equipment and other assistive technology (AT) that is, in turn, sanitized, refurbished and loaned to individuals who have no other means of obtaining the needed equipment. The individuals can keep the equipment for as long as needed.

*(continued on Page 3)*

### **Inside....**

SSDI vs. SSI.....	3
Electronic Records.....	6
Book Review.....	8

Let's Yac About It .....	8
Family Voices.....	9
Funderful Times.....	10



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*Parent Connection* is a complimentary newsletter published by Children's Rehabilitation Service for families of children with special health care needs. The goal of this newsletter is to increase communication and share information about children with special health care needs and their families. The newsletter reflects a family-centered theme throughout and serves as a forum for family members to share information, thoughts, feelings, concerns, etc. Nothing printed or implied in this publication constitutes an endorsement by the Alabama Department of Rehabilitation Services.

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# From the Director's Chair



Hello, Parents and Caregivers,

Each spring, we update you on ADRS/CRS budget news. As in the spring 2010 newsletter, the fiscal year (FY) 2012 budget news is very concerning. Alabama continues to experience serious economic deficits, which will no doubt have an impact on every state agency. CRS was prorated 2 percent at the end of FY 2010 (last September).

Earlier this year, Gov. Robert Bentley announced plans for a 3 percent proration in FY 2011, which began Oct. 1, 2010, and will end on Sept. 30. All divisions of ADRS are in need of increased funding for FY 2012 to continue needed services.

You might recall that in FY 2008, CRS received a little more than \$15 million dollars in state funding. In FY 2008, state funding dropped to \$12.25 million, in FY 2010 to \$10.5 million and in this fiscal year (FY 2011) to \$10.79 million. These kinds of decreases add up over the years and, at this point, the cumulative loss of state funding since FY 2008 is \$11.5 million dollars. This figure is calculated by subtracting the funding amount for fiscal years 2009, 2010 and 2011 from the amount allocated in 2008 and then adding them together for the total loss. If CRS had been level funded at \$15 million for each year after FY 2008, we would have no loss of state funds.

Additionally, the Hemophilia Program, which is a part of the CRS program with a separate funding stream, also faces very serious funding issues for FY 2012. Without increased funding, this program will face significant changes, which will be discussed with families after state allocations have been made.

In response to the continued loss of funds, CRS has reduced operational costs to limit the impact of any cuts to client services. Since 2008, CRS has decreased staff travel for home visits, limited the purchase of wheelchairs and other secondary seating systems, began purchasing more generic drugs for clients, reduced staff training, and revised the sliding fee scale, raising costs for families. These reductions will not be enough to allow CRS to maintain services at the current level for 2012 without a significant increase in funding.

Therefore, CRS is requesting \$14.23 million from the Education Trust Fund (state) for fiscal year 2012 so that further cuts in services can be minimized. This amount is \$3.4 million more than the FY 2011 funding level, but still less than the amount CRS received in FY

*(continued on Page 3)*

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***(New centers, continued from the cover)***

The Reutilization Programs (Reuse Centers) have been strategically implemented throughout the state from north to south in an effort to increase availability of assistive technology, ensure more statewide coverage, and improve rural outreach and services to the underserved. The partnership with ADRS and its 21 offices across the state and the affiliation with six centers entrenched with subcontract community-based programs has been an asset to the success of the STAR reuse programs. Not only have these partnerships provided funding, space, and referrals, but they have also been instrumental in the pick up and distribution of equipment, especially to the rural areas. The program has helped individuals with disabilities to obtain needed equipment for school, work, recreation and community living.

Donations are received from private individuals, durable medical equipment vendors, and other entities that work with people with disabilities across the state. When a piece of equipment is donated, the donor is given a “thank you” letter and receipt for the donation(s). Since all of the reuse centers are nonprofit [501 (c) 3] organizations, donations are tax deductible.

The reuse centers increase awareness of the programs and solicit donations of usable equipment by utilizing creative advertisements and marketing techniques. We advertise with large roadside billboard signs, at physicians’ offices, at healthcare providers’, with brochures/fliers, on websites, by exhibiting at various conferences, during presentations,

by word-of-mouth, by monthly available equipment inventory list, in newsletters, with success stories and news media, social media, such as Facebook, and promotional “giveaways.”

Equipment is distributed when it is considered safe and re-usable. Whenever possible, equipment is picked up by the borrower/consumer. The reuse center staff deliver and/or pick up equipment on a case-by-case basis after assessing the most appropriate and available means of transportation. Equipment is loaned based on the terms of the request in regards to need, usage and/or purpose, and timeframe – whether short-term or long-term.

**Benefits of Reuse Programs:**

- Save money
- Create jobs
- OJT (on-the-job training) venue for vocational rehabilitation and placement opportunities
- Training opportunities for vocational technical schools
- Help protect the environment – materials sent to land fills, etc.
- Supports the national “Go Green” initiative
- CHANGE LIVES!

The social and economic status of Alabamians with disabilities alone has contributed to the need and expansion of reuse programs. STAR reuse programs has been very beneficial for Alabamians with disabilities. Over the last five years, the reuse programs have saved consumers approximately \$5,979,573, which

**2006-2010  
SAVINGS TO CONSUMERS**

**Total Value of Items Reused:  
\$5,979,573.00**

**Total Number of Items Reused:  
7,726**

would have been the “out-of-pocket” total value expense for equipment.

**Need For Reuse Programs**

According to the 2006 American Community Survey, which focuses on the social and economic status of non-institutionalized people with disabilities in America, 1 in 5 individuals (853,000 of Alabama’s 4,235,000) age 5 and older reported some type of disability. However, 2009 population estimates indicated that there were more than 4.7 million people in Alabama. Of these, 945,705 individuals age 5 and older reported some type of disability, making the need for reused items very necessary.

If you or someone you know needs or wants to donate equipment, contact STAR or the local reuse center in your area.

To find out more information about the STAR program, call 1-800-STAR-656 (1-800-782-7656), or visit us on Facebook or online at [www.rehab.alabama.gov/star](http://www.rehab.alabama.gov/star).

**Helen L. Baker**

*Executive Director of STAR*

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***(Director, continued from Page 2)***

2008. If CRS is not allocated the requested amount, decisions will have to be made about the following:

- Discontinuing care and treatment for specific diagnoses
- Closing some office/clinic facilities in rural areas to consolidate services in regional areas
- Discontinuing or relocating certain medical and evaluation clinics
- Reduction of staff

Because CRS is such a complex program,

any of the above changes would have an impact on the total CRS program as well as funding streams, such as Medicaid reimbursement. Also, many families could be reassigned to regional offices, requiring increased travel for those who have been accustomed to receiving CRS services closer to home.

In addition to concerns about state cuts, ADRS/CRS is also very concerned about cuts in federal funding. While funding through the Maternal and Child Health Block Grant has been level (the same) over the past two fiscal years, we are very concerned that this funding

will likely be cut by as much as or more than \$200,000. As you can imagine, a cut in federal funds would make a state funding cut even more devastating.

We want to keep you informed so that you can share this knowledge with your legislators and community groups. Please feel free to contact me with any questions or concerns you may have.

**Melinda M. Davis**

*Assistant Commissioner, CRS*



# Lawyers compare Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)

The two primary disability income programs, SSI and SSDI, sound similar, but they are very different programs with different benefits and different eligibility requirements. This article is a brief summary of these two important benefit programs.

## Social Security Disability Insurance

Social Security Disability Insurance (SSDI) is a cash assistance program administered by the Social Security Administration (SSA) for people who have a sufficient work history and are either blind or disabled. An individual is considered disabled for purposes of SSDI eligibility if she or he is incapable of performing any substantial gainful activity due to severe physical or mental impairment that has lasted, or is expected to last, at least 12 consecutive months or that will result in death.

Federal regulations provide a list of certain impairments and illnesses considered to be of such severity as to entitle an individual to a presumption of disability for SSDI eligibility. Even without a “listed impairment,” an individual would be disabled if he or she has a “medically determinable” impairment equal in severity to those listed, or suffers from several physical or mental conditions which, when combined, are considered equivalent to those listed impairments.

With respect to whether a qualifying impairment renders an individual disabled and unable to work, federal law provides that individuals who have demonstrated an ability to earn in excess of \$1,000/month in wages are considered to have engaged in “substantial gainful activity” and, by definition, are not disabled. Therefore, in most cases, an individual who earns income in excess of \$1,000/month will not be entitled to SSDI even if he or she has a “listed impairment” or disabling conditions that equal a qualifying impairment. This earned income limit is slightly higher for individuals who are blind.

In addition to meeting the criteria for being considered disabled and evidencing an inability to engage in substantial gainful work activity,



individuals between the ages of 31 and 65 who are seeking SSDI benefits based on their own work history must have worked for five out of the last 10 years, or 20 out of the last 40 quarters, prior to the onset of disability. Fewer work quarters are required for workers under the age of 31 but the same standard of disability applies.

If an individual with disabilities has worked the requisite number of quarters, SSDI provides monthly cash benefits to the worker and his or her eligible dependents. The benefit amount is the same amount that the worker would have received if he or she waited until full retirement age to retire. Disability benefits terminate, however, when an individual is able to return to substantial gainful activity or has reached his or her normal retirement age and is eligible for a Social Security retirement pension.

SSDI is also available to certain disabled individuals who don't have a work history of their own but have specified relationships to workers who are disabled, retired, or deceased. For example, SSDI may be paid to a person who has been disabled prior to age 22 whose parent is retired, disabled or deceased, or to a disabled widow age 50 or over.

Since SSDI is only paid to those individuals who have worked and paid into the Social Security system over a certain period of time (or to their eligible disabled relatives), SSDI actually is an insurance program, not a welfare program. SSDI is not “needs based.” A person's assets or other income have no effect on eligibility for receipt of SSDI benefits, and making gifts doesn't affect a person's eligibility.

SSDI recipients who are eligible for benefits for at least 24 months also are entitled to medical insurance under the Medicare program.

## Supplemental Security Income

Supplemental Security Income (SSI) also is administered by the SSA and is a cash assistance program available to financially eligible individuals who are over the age of 64, blind, or disabled. Since SSI is based on financial eligibility and not work history, it is a welfare program, not an insurance program. The same definition for disability applies to SSI as to SSDI, but individuals who are eligible for SSI generally have insufficient work history to meet the requirements for SSDI.

To be financially eligible for SSI, the individual must be both “income eligible” and “resource eligible.” To be income eligible, an individual's “countable income” must be less than the “standard of need.” For 2011, the standard of need is \$674/month for an individual. Countable income includes earned and unearned income, as well as the value of any “in-kind support and maintenance” provided to the individual (examples: payment by a family member or a trust for food, utilities or rent; a parent providing free room and board), subject to certain limits.

Gifts of cash received by the individual are counted as unearned income. The first \$20 of income received each month is not counted. In addition, with respect to earned income, the first \$65 each month is not counted, and one-half of the earnings over \$65 in any given

*(continued on Page 5)*

# CRS experiments with using electronic records

The Children's Rehabilitation Service (CRS) office in Mobile is going electronic, piloting an electronic records system when enrolling new clients.

While some CRS client health information is already online in the division's intranet-based data management system, CHARMS (Children's Health and Resource Management System), some documents still are found solely in a client's paper record.

With all new enrollments, Mobile CRS is making sure everything is electronic.

The office has received equipment to scan in medical records, copies of Medicaid cards or insurance information, prescriptions, correspondence, and other documents that are usually only kept in the client's hard-copy file.

For Bobbie Jo Trammell, CRS supervisor in Mobile, the new technology is "the way of the world."

"Everything is going electronic," she said. "Plus, it's much more efficient and convenient to have everything associated with the client in one place."

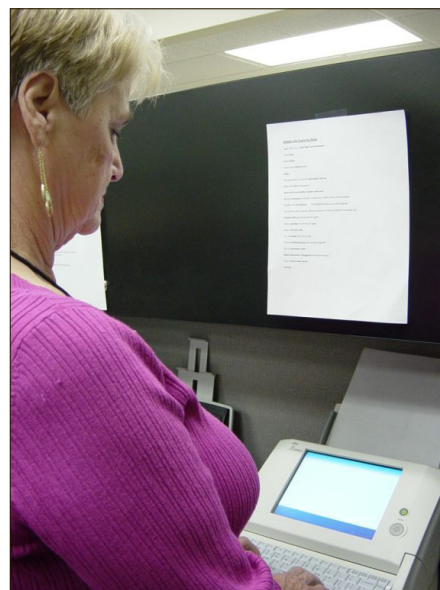
The Mobile office has been working closely with Computer Services to create a module in CHARMS for the scanned documents.

CRS launched the pilot in two counties in the Mobile area and expanded to all seven of the counties that Trammell supervises, including the counties served by the CRS office in Jackson.

After CRS State Office staff members have reviewed the results of the pilot program and approved imaging policy or procedure, they will expand it to other areas of the state.

Trammell said she thinks that would be a good thing.

"I know there are other offices that are ready to get on board," she said.



*Glenda Averett, an administrative support assistant at the Children's Rehabilitation Service office in Mobile, scans a document for electronic records*

*(Compare, continued from Page 4)*

month is not counted. Countable income also includes "deemed" income, which is the income of certain household members such as a spouse or the parents of a minor child. Individuals with countable resources of \$2,000 or more per month are not eligible for SSI, and making gifts will affect SSI eligibility.

Unlike SSDI recipients, most individuals receiving SSI will not be entitled to Medicare coverage because they have not sufficiently paid into the federal system through wages. In most but not all states, SSI recipients automatically are eligible for Medicaid benefits. This is not the case in other states, where applicants must file an independent application for Medicaid and may have to meet a more stringent

definition of disability. Although SSI and SSDI are administered by the same federal agency and use the same medical disability criteria, they otherwise are very different programs.

About the Author: This article appeared in The Voice, which is the e-mail newsletter of The Special Needs Alliance. This installment was written by Special Needs Alliance members Ann Butenhof and Judith Bomster, of Butenhof & Bomster, PC, in Manchester, New Hampshire ([www.butenhofbomster.com](http://www.butenhofbomster.com)). Ann and Judith focus their practices on estate planning, special needs planning, elder law and probate and trust administration. Both are members of the National Academy of Elder Law Attorneys and the local New Hampshire chapter (NH NAELA).

Ann is a Certified Elder Law Attorney, a Fellow of the American College of Trust & Estate Counsel, has been listed as one of New Hampshire's Top Lawyers since 2003, and has been designated one of New England's Super Lawyers. Judith currently serves on the board of NH NAELA, on the Ethics Committee of the New Hampshire Bar Association, and was the primary drafts person for New Hampshire's first pooled special needs trust program for third-party trusts, a program launched in 2010 by the Enhanced Lives Options Group, a New Hampshire non-profit organization that manages several pooled special needs trust programs.

**Ann Butenhof and Judith Bomster**  
*Butenhof & Bomster, PC*

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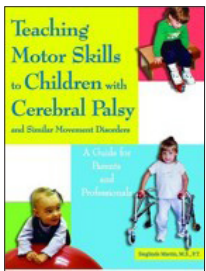




# Book Review:

## *“Teaching Motor Skills to Children with Cerebral Palsy and Similar Movement Disorders: A Guide for Parents and Professionals”*

“Teaching Motor Skills to Children with Cerebral Palsy and Similar Movement Disorders” was written by Sieglinde Martin, M.S., P.T., a physical therapist who is also the mom of a child with cerebral palsy. This book



is optimistic and upbeat and includes great true-to-life stories. The real “meat” of the book is the practical exercises (with pictures) that families can incorporate into their daily routines as they work toward realistic

goals to bring out the maximum potential of their child. The guidance and support of the child’s physical therapist is recommended as families consider what interventions are appropriate for their child. This book could be for you even if your child doesn’t have cerebral palsy, but has motor delays.

The exercises in this book address:

- Head control
- Protective reactions
- Proper positioning
- Independent sitting with and without arm support
- Transitional movements
- Daily stretching
- Improving muscle strength and coordination
- Balance training
- Gait training

This isn’t meant to be an entertaining read, but it does have its moments! It is meant as a practical guide for families and professionals. It is a book that you can enjoy and use with your child. This is great book for therapists, resource centers and families!

**Tammy Moore**

*Parent Consultant, Homewood*



*Commissioner Cary Boswell speaks at the Alabama Board of Rehabilitation Services meeting after members voted to extend his contract*

## Commissioner’s contract renewed

Members of the Alabama Board of Rehabilitation Services voted recently to extend Commissioner Cary Boswell’s contract for three years.

Boswell has been commissioner of the Alabama Department of Rehabilitation Services (ADRS) since March 2009. He received a one-year extension in March 2010.

Boswell said he is glad to know the board is pleased with his performance.

“I feel very blessed to work for the Alabama Department of Rehabilitation Services and to have the opportunity to continue here as commissioner,” he said. “I’m looking forward to the next three years.”

Since becoming commissioner, Boswell has made significant changes to the department. He quickly compiled a list of areas that he wanted to focus on and has been making strides in those areas since.

Under his leadership, the department has found creative ways to fill service gaps, improved services to individuals with most-significant disabilities, and focused on developing a business intelligence system for data-driven decision-making.

The department also has strengthened its relationship with partners, such as employers, community rehabilitation programs (CRP’s), and legislators.

Roger McCullough, chairperson of the Alabama Board of Rehabilitation Services, praised the commissioner for his



*Boswell said he retains a strong vision for ADRS accomplishments.*

“We’re very pleased with him as commissioner,” McCullough said. “He’s doing an outstanding job. We’re pleased we will be continuing on with him for the next three years”

Commissioner Boswell said he anticipates that the next three years will present multiple challenges for the department. Several programs are dealing with budget shortages.

Despite the difficulties that lie ahead, the commissioner said he retains a strong vision for the department.

“I want to continue to balance quality and quantity, make sure staff members will continue to be connected to the people they serve, and to get more funding so we can continue to provide our much-needed services.”

# Parents attend local leadership trainings

Thanks to the Alabama's Early Childhood Comprehensive Systems (ECCS) grant, many state agencies and organizations partner to build and implement a statewide, comprehensive system that supports families and communities in their development of children who are healthy and ready to learn at school entry.

As part of supporting ready families, the ECCS partners have collaborated on a parent leadership initiative within the state to empower families through knowledge and training to more effectively advocate for the services and supports that they need. Vicki Cooper-Robinson from the Alabama Department of Child Abuse and Neglect Prevention has led this initiative and utilized technical assistance available through the Community-Based Child Abuse Prevention (CBCAP) Program to bring a parent leadership training team to Alabama.

One of the trainers, Dawn Patzer, is a parent who has been active for many years at the local, state, and national levels in parenting education and child abuse prevention efforts. Patzer is a member of the Circle of Parents, a family support program offering free weekly meetings for anyone in a parenting role wanting to discuss issues related to parenting. She also serves on the national parent advisory board for the FRIENDS National Resource Center.



*Susan Colburn, CRS state parent consultant, presents at a Parent Leadership Training in Opelika*

In 2009, the ECCS partners held four regional parent leadership trainings in Birmingham, Florence, Mobile, and Montgomery. In all, 183 individuals participated in the training, 35 of whom were parents. In January 2011, the ECCS partners held two additional parent leadership training sessions in Opelika and Tuscaloosa. An additional 11 parents participated in these sessions. Parents who participated in the training were given \$50 stipends to defray their expenses.

Susan Colburn, CRS state parent consultant, presented at the 2011 sessions on how CRS developed its successful "Parent Connection" program, which supports parents and gives them the opportunity to be advocates for their

children. Her presentation was timely and helpful since the ECCS partners are working toward the development of a family advisory group that would provide advocacy for a broad range of early childhood programs and initiatives within the state.

A more advanced, one-day training for families will be offered in April 2011 in Montgomery and will focus on the development of this group. Families that are interested in being part of this advocacy effort may contact Dawn Ellis, Alabama's ECCS Coordinator, by telephone at (334) 206-2965 or by email at dawn.ellis@adph.state.al.us.

**Dawn Ellis**  
*Alabama Department of Public Health*

## Parent gives her perspective on leadership trainings

Dawn Patzer and Carla Snodgrass of the national organization Circle of Parents recently presented a leadership training, which included a presentation from State Parent Consultant Susan Colburn.

This Parent Leadership training brought a group of parents and professionals from around the state to the Child Development Center in Opelika.

Parents and professionals interacted as they learned ways to help parents get involved with their organizations. Organizations saw the benefits of parent involvement.

The highlight of the training session included a scenario of the day in the life of a parent and the problems that a parent faces daily.

As a volunteer sat in a chair in the center of the room, each person was asked to either read a portion of a script or hand the volunteer a balloon. After each script was read and the task was assigned, someone would give the volunteer a balloon. By the end of the script, the volunteer was no longer visible because of the abundance of balloons.

This was a visual way for professionals to see how difficult it can be for some parents to get from point A to point B each day.

This had a very profound effect on all in attendance. Parents could definitely relate to this, and professionals could see how much stress they were putting on parents by demanding so much without realizing what it

may take for a parent to comply.

Parents and organizations across the state are encouraged to seek more parental involvement to enhance relationships between families and providers, to increase responsiveness to families, to identify needs, and to improve the quality of programs and services provided.

There are many ways a parent can become involved. Parents are encouraged to join task forces, become board members, serve as co-trainers for staff development, mentor other families, help review grants, participate in the needs assessment process, and join local CRS parent advisory committees.

**Sharon Henderson**  
*Parent Consultant, Opelika*





## Let's YAC About It



### MAKING TRANSITIONS

*ADRS Deputy Commissioner Jim Carden, fourth from left, recently joined Gov. Robert Bentley as he signed a proclamation declaring March 'Transition Awareness Month for Youth and Young Adults with Disabilities.' Also on hand were Rep. Mike Hubbard, R-Auburn; Mabrey Whetstone of the State Department of Education; Karen Rabren and Diane Glanzer of Auburn University; and several youth with disabilities.*

## Teaching artist looks forward to Homewood CRS clinic

The first Friday of the month is a day I treasure because as a teaching artist through VSA (Very Special Arts) Alabama, I have the opportunity to create a positive environment for children at the CRS Hearing Clinic in Homewood. It is even more special since the clinic provides a private "art" room where students can create, communicate, and connect with each other. In addition, the staff is amazing and strongly supports the program.

Recently, I was a few minutes late and Nikki, a bright and sensitive 9-year-old, asked, "Where is my friend?"

Needless to say, when I heard what she had said, I realized this was a wonderful way to describe the relationships that have evolved and the inspiration they have provided for me as an artist.

**Mary Susan Lewis**  
*VSA Alabama teaching artist*



*Mary Susan Lewis, VSA Alabama teaching artist, works with children at the Hearing Clinic at the Homewood CRS office*

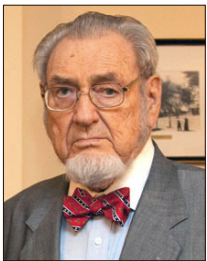


# FAMILY VOICES

## Family Voices celebrates the Legacy of Leadership

This year, Family Voices is honoring the Legacy of Leadership in children's health care that has played such a formative role in the achievement of policies and programs to meet the needs of our most vulnerable population – children with special health care needs.

Since the enactment of Title V in 1935, public health leaders in Maternal and Child Health have embraced the role “to serve all children” and to develop “standards of care and protection which shall give to every child a fair chance in the world.” Under visionary leadership within MCHB partnering with Dr.



**Koop**

C. Everett Koop, U.S. surgeon general from 1981-1989, these “fair chances” for children with special health care needs gained national attention. In his Surgeon General's Report, Dr. Koop issued a call to action to improve access to

care and the quality of life for all children with

special health care needs and their families, including community-based service systems and adequate healthcare financing.

Dr. Koop exemplifies the leadership qualities found in many of our colleagues at MCHB – individuals who chose a selfless career in public health; individuals who passionately pursue the mission of optimum health care for children; individuals who engage partners and motivate them to achieve this mission; and individuals who work to make families true partners in decision-making.

We also honor the legacy of family leaders who, having been thrust into the agonizing reality of caring for a child with special health care needs, make that same conscious, selfless decision to advocate for all children, like Polly Arango, who 20 years ago mobilized family leaders across the country to fight for optimum health care for children. Because of Polly and other leaders, the family voice is now heard, respected, and sought-after in stakeholder discussions in every state; because of family leaders, families can now get help from Family-to-Family Health Information Centers

(F2FHIC) in navigating community resources; and because of family leaders, health care reform in 2011 will include the needs of



**Arango**

families of children with special health care needs. As a leader, Polly was passionate and determined, but her most important legacy was to inspire others.

“As a leader, you have a responsibility to take your leadership experience and skills, your dedication to children and families, the tools and information you have gained, and make a difference. ... We can improve things where we live, in our own homes, neighborhoods, communities, towns, and countries.”

How incredibly lucky we are to have had these leaders. As they have done, we too, can make a difference!

**Sophie Arao-Nguyen, PhD**

*Executive director at Family Voices*

## U.S. HHS Healthy People 2020 website lists 10-year goals

The U.S. Department of Health and Human Services (HHS) unveiled the nation's new 10-year goals and objectives for health promotion and disease prevention on Dec. 2, 2010.

The launch, marking the beginning of Healthy People 2020, included remarks from the HHS Assistant Secretary for Health, Dr. Howard K. Koh; HHS Chief Technology Officer, Todd Park; Director of the Los Angeles County Department of Public Health and Health Officer, Dr. Jonathan Fielding; Associate Dean

for Health Promotion and Disease Prevention, University of Pennsylvania School of Medicine, Dr. Shiriki Kumanyika; and many others.

For more details about the initiative and how you can get involved, visit the newly redesigned Healthy People website at [www.healthypeople.gov](http://www.healthypeople.gov). The website allows users to view the new Healthy People 2020 topic areas and objectives, tailor information to their needs, and explore evidence-based resources for implementation.



For information about Family Voices, please contact the Alabama state coordinators, Susan Colburn, 334-293-7041, [susan.colburn@rehab.alabama.gov](mailto:susan.colburn@rehab.alabama.gov), or Jerry Oveson, 251-438-1609, [oveson@bellsouth.net](mailto:oveson@bellsouth.net).

# Funderful Times with art journaling

I am so enjoying this time of year as we move from one season to another. Spending some of that time in the house can be stressful for everyone, especially me. I need the sunshine. I need to feel the breeze blowing against my face. I feel refreshed after a few minutes outdoors. Then I have to go back inside because I am a caregiver and have asthma. So there are days that are more stressful than others. As a result, I have started various art avenues. One of them is art journaling and sketching – or doodling, some make call it.

With art journaling, I can write out my frustrations on paper, sharing the smallest to the greatest thoughts running through my mind. The paper can be any type, ranging from newsprint to cardstock. I use watercolor paper since it is thicker and can hold the many layers I might place on top of my writing. Then I paint over it. It is just that simple. As an artist, I write out what I want to say but may never want another person to read or see it. Then I take an old plastic gift card or old credit card and spread Gesso over the whole thing. Gesso isn't required, but it saves you paint in the long run. Plus, it covers really well and can leave a nice texture to paint over. Then I add acrylic paints, which can be purchased at a department store for less than a dollar or at hobby stores for up to \$20. Both work very well. After the paints, I might collage magazine clippings using glue or stamp an image all over the page.

Art journaling isn't just a hobby, it is an art



*Rita creates 'Fancy Flight' art journaling*

created by a range of people, from those who no formal art education to those who have earned diplomas from the most prestigious places. It is personal and individual, unique to the person creating the page. There are no rules to creating an art journaling page, and there are no mistakes or limitations. There are many online websites that give you prompts and guidance in art journaling as well.

The most amazing part of art journaling is that it isn't limited to age or person. Our son, Garrett, art journals using markers and pens. He sketches amazingly well for a person who has fine motor difficulties because of cerebral palsy. However, by art journaling and sketching, he is stimulating his muscles and his brain with coordination and focus. Also, it is proven that

for many who cannot speak or communicate effectively, art is their way of doing so. Painting is one of the mediums used for this. Go to [www.google.com](http://www.google.com) to search for examples of this technique and the studies done with individuals with disabilities and senior adults.

As a full-time mixed-media artist, art is my respite. I enjoy various mediums and quote often one of my friend's who says of herself, "I am a jack of all trades, but master of none." Regardless of talent or time, one can find the best respite and relaxation through an art interest. However, if you enjoy another means of gaining respite from your caregiving duties and wish for some funderful times for yourself, consider your interests. Do you like to read? If so, what do you like to read? Why not write a book in the area of interest or write what you know. There are not enough books on caregiving from the caregiver's perspective.

Funderful times begins with your heart, bringing your mind to a place of focus and rest, and allowing your body to refresh. Art can do that for you and those you care for. Consider it. If you need suggestions or help in finding your place of interest, contact me.

**Rita Hutcheson-Cobbs**

*Parent and caregiver, Somerville*



*Rita displays her, 'Coffee Time' art journaling*

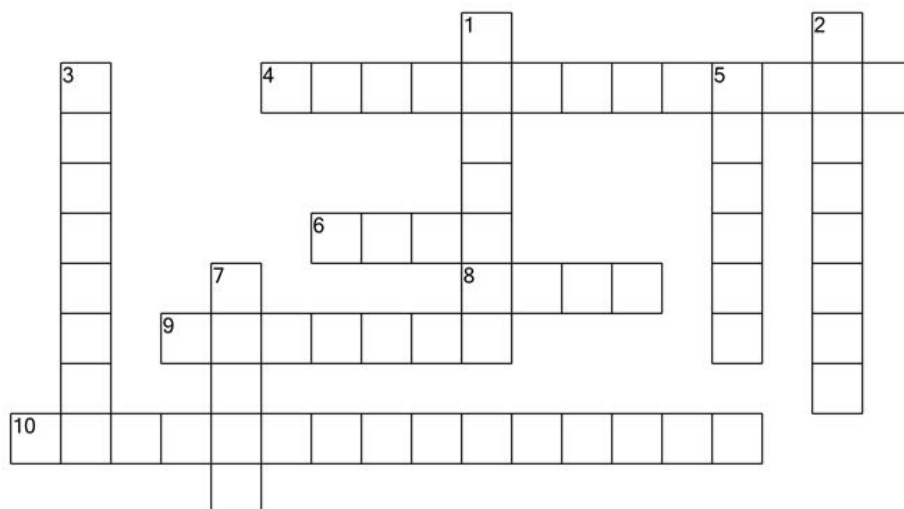




## STATE MEETING

Parents gather in Montgomery for the State Parent Advisory Committee. Those in attendance included ADRS Commissioner Cary Boswell, CRS Assistant Commissioner Melinda Davis, and State Parent Consultant Susan Colburn. The three updated parents on what is happening in CRS and discussed the division's financial situation.

## Spring Crossword



### ACROSS

- 4. A day for pranks
- 6. Works best on a windy day
- 8. Precipitation
- 9. A small pool of water
- 10. Set clocks ahead one hour

### DOWN

- 1. April showers bring these
- 2. A yellow flower with a trumpet-shaped center
- 3. Used to keep dry
- 5. A season of the year
- 7. A flower associated with Holand

April Fools Day	Daylight savings	kite	rain	tulip
daffodil	flowers	puddles	spring	umbrella



## CRS Parent Connection

Children's Rehabilitation Service  
Alabama Department of Rehabilitation Services  
602 S. Lawrence St.  
Montgomery, AL 36104

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## What's Ahead

**April 21, 2011**

*Autism Legislative Day* at the State House in Montgomery. For more information, contact the Autism Society of Alabama at 1-877-4Autism or visit the website at [www.autism-alabama.org](http://www.autism-alabama.org).

**May 19-20, 2011**

*Alabama Assistive Technology Expo and Conference* at Auburn University, Auburn. For more information, contact Lydia Walls, conference coordinator, at (334) 844-3108 or [wallslw@auburn.edu](mailto:wallslw@auburn.edu).

**June 5-9, 2011**

*Alabama Governor's Youth Leadership Forum*, sponsored by the Alabama Department of Rehabilitation Services and Troy University. For more information, contact Linda Hames at (334) 293-7500.

**July 27-29, 2011**

*Full Steam Ahead*, sponsored by the Alabama Association for Persons in Supported Employment (AL-APSE) and The Alabama Council on Developmental Disabilities (ACDD), Renaissance Montgomery Hotel, Montgomery. For more information, call AL-APSE at (334) 353-7713 or ACDD at (334) 242-3973.

**Local PAC meetings:** Check your local CRS office for dates and times of meetings in your area.